

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE \_\_\_\_\_ DISTRICT OF OKLAHOMA

IN RE: \_\_\_\_\_ )  
 ) CASE NO.  
 ) CHAPTER 11  
EID/SS # \_\_\_\_\_ )  
 )  
Debtor. )

**INITIAL REPORT**

Comes Now, \_\_\_\_\_,  
Debtor-in-possession, and hereby submits its Initial Report as  
shown by the attached Exhibits consisting of \_\_\_\_\_ pages and  
containing the following as indicated:

- ☐ Balance Sheet as of the date of the Order for Relief. **Exhibit 1.**
- ☐ Income Statement for the thirty (30) day period immediately preceding the date of the Order for Relief. **Exhibit 2.**
- ☐ Insurance, Tax and Cash Collateral Statements. **Exhibit 3.**
- ☐ Four (4) Month Projection of Financial Operations. **Exhibit 4.**
- ☐ Statement of Aged Receivables. **Exhibit 5.**
- ☐ Designation of Individual Responsible for Discharging Debtor's Duties. **Exhibit 6.**
- ☐ Designation of Individual Responsible for Financial Reports. **Exhibit 7.**
- ☐ Receipt and Certificate Concerning Operating Requirements. **Exhibit 8.**
- ☐ Debtor's Section 345 Bank Account Certificate. **Exhibit 9.**

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Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

☐

Specimen Check (original, voided) for each DIP Account. **Exhibit 10.**

☐

Signature Card (copies) for each DIP Account. **Exhibit 11.**

☐

Last 2 years' Income Tax Returns (copies). **Exhibit 12.**

I DECLARE UNDER PENALTY OF PERJURY THAT THIS INITIAL REPORT AND ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DEBTOR(S) - IN-POSSESSION

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

BY: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Exhibit 3 to Initial Report, Page 1 of 2

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

STATEMENT CONCERNING INSURANCE, TAXES  
AND USE OF CASH COLLATERAL

**I. INSURANCE**

A. Insurance is in effect and payments are current for coverage as indicated.

	<u>INSURANCE TYPE</u>	<u>POLICY EXPIRATION DATE</u>
<input type="checkbox"/>	Workers' Compensation	_____
<input type="checkbox"/>	Unemployment Insurance	_____
<input type="checkbox"/>	Casualty	_____
<input type="checkbox"/>	Liability	_____
<input type="checkbox"/>	Other	_____

B. Attached hereto are Certificates of Insurance or other proof of insurance for the above.

**II. TAXES**

A. **Post**-petition federal and state withholding and payroll taxes are/are not current.

B. Delinquent post-petition taxes, if any, are as follows:

Federal Withholding \_\_\_\_\_

State Withholding \_\_\_\_\_

FICA \_\_\_\_\_

Other \_\_\_\_\_

Exhibit 3 to Initial Report, Page 2 of 2

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

(II. TAXES continued)

C. Pre-petition federal and state withholding and payroll taxes are/are not current. Pre-petition federal and state excise, sales taxes are/are not current. Delinquent pre-petition taxes, if any, are as follows:

Federal Withholding \_\_\_\_\_

State Withholding \_\_\_\_\_

FICA \_\_\_\_\_

Federal Excise Tax \_\_\_\_\_

State Excise Tax \_\_\_\_\_

Sales Tax \_\_\_\_\_

III. CASH COLLATERAL

- A. Cash collateral will/will not be necessary to fund Debtor's post-petition operations.
- B. Debtor has/has not filed a request for use of cash collateral under 11 U.S.C. § 363 or § 364.
- C. Identity of Cash Collateral.

PROPERTY

CREDITOR

MONTHLY PAYMENT

## Exhibit 4 to Initial Report

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

### FOUR MONTH PROJECTION OF FINANCIAL OPERATIONS

	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>	<u>MONTH</u>		
<b><u>INCOME</u></b>						
	<u>Source</u>	<u>Amount</u>	<u>Amount</u>	<u>Amount</u>	<u>Amount</u>	<u>Total</u>
1.		_____	_____	_____	_____	_____
2.		_____	_____	_____	_____	_____
3.		_____	_____	_____	_____	_____
4.		_____	_____	_____	_____	_____
5.		_____	_____	_____	_____	_____
	<b>Total</b>	_____	_____	_____	_____	_____
<b><u>EXPENSES</u></b>						
	Cost of					
	Sales	_____	_____	_____	_____	_____
	Salaries	_____	_____	_____	_____	_____
	Taxes	_____	_____	_____	_____	_____
	Insurance	_____	_____	_____	_____	_____
	Rent	_____	_____	_____	_____	_____
	Other					
	(itemize)					
1.		_____	_____	_____	_____	_____
2.		_____	_____	_____	_____	_____
3.		_____	_____	_____	_____	_____
4.		_____	_____	_____	_____	_____
	<b>Total</b>	_____	_____	_____	_____	_____
<b>PROJECTED NET</b>						
	<b>INCOME (LOSS)</b>	_____	_____	_____	_____	_____

Exhibit 5 to Initial Report

Case Name \_\_\_\_\_  
Case Number \_\_\_\_\_

STATEMENT OF AGED ACCOUNTS RECEIVABLE

<u>Account</u> <u>Name</u>	<u>Total</u> <u>Due</u>	<u>Current</u> <u>(0-30)</u>	<u>Past</u> <u>Due</u> <u>(31-60)</u>	<u>Past</u> <u>Due</u> <u>(61-90)</u>	<u>Past</u> <u>Due</u> <u>(91-120)</u>	<u>Past</u> <u>Due</u> <u>&gt;120</u>
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TOTAL \_\_\_\_\_

Designate with (\*) if due from insiders

**Exhibit 6 to Initial Report**

**Case Name** \_\_\_\_\_  
**Case Number** \_\_\_\_\_

**DESIGNATION AND ACCEPTANCE OF INDIVIDUAL  
RESPONSIBLE FOR DISCHARGING DEBTOR'S DUTIES**

The Debtor(s) -in-possession in the above and foregoing case hereby designates \_\_\_\_\_, as provided under F.R.B.P. 9001(5), as the individual responsible for discharging the duties of the debtor under 11 U.S.C. §1107 and as may be required by the Court or by the United States Trustee.

**DEBTOR(S) - IN-POSSESSION**

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**BY:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**ACCEPTED**

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Exhibit 7 to Initial Report**

**Case Name** \_\_\_\_\_

**Case Number** \_\_\_\_\_

**DESIGNATION AND ACCEPTANCE OF  
INDIVIDUAL RESPONSIBLE FOR PREPARATION OF  
FINANCIAL REPORTS FOR DEBTOR-IN-POSSESSION**

The Debtor(s)-in-possession in the above and foregoing case hereby designates \_\_\_\_\_, as provided under Bankruptcy Rule 9001(5), as the individual responsible for the preparation of all financial reports as required by the Court or by the United States Trustee.

**DEBTOR(S) - IN-POSSESSION**

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**ACCEPTED**

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_



**Exhibit 8 to Initial Report**

**Case Name** \_\_\_\_\_

**Case Number** \_\_\_\_\_

**RECEIPT AND CERTIFICATION**

The undersigned representative (designated in Exhibit 6 to Initial Report) responsible for discharging the duties of the Debtor(s) in the above and foregoing case acknowledges receipt from the United States Trustee of the Operating Guidelines for Chapter 11 Debtors-in-possession. The undersigned hereby certifies that he or she has read and understood the contents therein and agrees to operate the Debtor's business and file reports in accordance with said requirements.

**INDIVIDUAL RESPONSIBLE FOR  
DISCHARGING DEBTOR'S DUTIES**

**DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Telephone:** \_\_\_\_\_

The undersigned as counsel for the Debtor(s) has read and reviewed the U.S. Trustee Operating Guidelines with the Debtor(s) and the individual responsible for discharging the duties of the debtor designated in Exhibit 6 to Initial Report.

**DATE:** \_\_\_\_\_

**BY:** \_\_\_\_\_  
Counsel for the Debtor

Exhibit 9 to Initial Report, Page 1 of 2

Case Name \_\_\_\_\_

Case Number \_\_\_\_\_

DEBTOR'S SECTION 345 CERTIFICATE

The following information reflects a true and accurate accounting of the Debtor's bank accounts and other cash deposits in any form with any institution. I understand that it is the Debtor-in-possession's responsibility to comply with 11 U.S.C. §345 so that all funds of the estate are fully insured at all times, and I understand separate "Debtor-in-possession" accounts are to be maintained which include a General (Operating) Account and a Tax Account (if applicable, a Payroll Account and a Personal Account.

The following information represents the balances of all Debtor's bank accounts as of the date of this Initial Report:

DEBTOR-IN-POSSESSION ACCOUNTS

<u>Institution</u>	<u>Account Number</u>	<u>Opening Balance</u>	<u>Current Balance</u>	<u>Date Opened</u>
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The following information represents the balances of all Debtor's bank accounts as of the date the petition was filed:

PRE-PETITION ACCOUNTS

<u>Institution</u>	<u>Account Number</u>	<u>Balance at Peti- tion Date</u>	<u>Current Balance</u>	<u>Date Closed</u>
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**Exhibit 9 to Initial Report, Page 2 of 2**

**CASE NAME:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

The undersigned, Debtor-in-possession, certifies that the above financial institution with whom estate funds are deposited has been informed that the U. S. Trustee Office requests that the depository submit, on a monthly basis, a report indicating the total amount credited to each bankruptcy estate account at the end of each month from the date relief is granted until the date the case is dismissed, converted or a plan is confirmed.

**DEBTOR(S) - IN-POSSESSION:**

**BY:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_